

**L****FORM EMST 3**

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DUE ON OR BEFORE

**EMERGENCY AND MUNICIPAL SERVICES TAX
PERSONAL RETURN**CITY OF BETHLEHEM, PA TAX BUREAU
TELEPHONE: 610-865-7022 TDD 610-865-7015I declare under penalty of law that the information
herein contained is true and correct.Authorized
Signature _____**READ INSTRUCTIONS
ON BACK OF FORM.**VERIFY YOUR OCCUPATION
SITUATION BEFORE COMPLETING**- REMINDER -
SIGN THIS RETURN**

1. EMST

2. PENALTY 5%

3. INTEREST ($\frac{1}{2}\%$ PER MONTH)

4. TOTAL DUE

PAYABLE TO:

CITY OF BETHLEHEM

P.O. BOX 500, BETHLEHEM, PA 18016-0500

ACCOUNT NO.



A	<input type="checkbox"/> MY "EMPLOYER" WITHHELD MY	EMST	<div></div>
	EMPLOYER'S NAME		EMPLOYER'S NUMBER

B	<input type="checkbox"/> I PAID MY EMERGENCY AND MUNICIPAL SERVICES TAX FOR THE ABOVE REFERENCED CALENDAR YEAR AND HAVE IN MY POSSESSION A RECEIPTED PERSONAL RETURN NUMBERED AS FOLLOWS:	
	PAID:	DATED:

C	<input type="checkbox"/> I CERTIFY THAT NO PORTION OF MY BUSINESS OR OCCUPATION IS CARRIED ON OR PERFORMED WITHIN THE CORPORATE LIMITS OF THE CITY OF BETHLEHEM, HANOVER TWP. (NORTH. CO.)
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I CERTIFY THAT THE ABOVE CHECKED ☒ BOX.
IS A TRUE AND CORRECT STATEMENT. SIGNED _____

EMST 3 EMERGENCY AND MUNICIPAL SERVICES TAX, "PERSONAL RETURN"

Instructions to Self-Employed Persons or Individuals Whose Employers are Not Required to Withhold. In the event that you have only one (1) occupation, complete and file this return with your payment by the due date as shown or if your occupation situation is applicable to A, B, or C below, detach and file Copy "C" as instructed.

- A. In the event that you have an employer who has deducted the tax, Check _____ Box "A", and fill in employer's name and number. Your employer is required to furnish you with an "Evidence of Deduction Certificate" giving the employer's name and number. Return completed Copy "C" to Tax Bureau, P.O. Box 500, Bethlehem, PA 18016-0500.
- B. When you receive more than one Form EMST 3 "Personal Return" remit your payment with the primary "Return." On all others, return Copy "C" to the Bureau, after filling in box and line B. Use the S.S. number that appears on the primary "Return."
- C. In the event that you are NOT engaged in a business or occupation WITHIN the corporate limits of the City of Bethlehem, Hanover Twp. (North. Co.) check _____ Box "C" and return to Tax Bureau, P.O. Box 500, Bethlehem, PA 18016-0500.

REMINDER when filing Copy "C" it must be signed.

- D. Enclose self-addressed, stamped envelope for return receipt.